

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	14/02/2022 18:42 (SGT)
Date of Accident .....	11/02/2022 12:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OUTSIDE QUEENSTOWN COMMUNITY CENTRE ALONG STIRLING ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN3326M
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LAY AUTO LEASING PTE LTD
Company Reg No .....	2XXXXX521C
Email Address .....	fiona@layauto.com
Mobile Phone No .....	(Phone) +65-87973443
Alternative Phone No .....	+65-94787404

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-hr
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1797

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMHCSNA00002632101
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LUAH CHOON SIN (LAI JUNXIN)
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NRIC No .....	SXXXX253J
Date Of Birth .....	03/01/1971
Occupation .....	Indoor
Date Of Driving Pass .....	23/09/1995
Driving experience .....	26 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94787404
Alt. Phone Number .....	-
Email Address .....	WILLIAMLUAH@HOTMAIL.COM
Address .....	BLK 659 CHOA CHU KANG CRESCENT
Address complement .....	#06-79
Postcode .....	680659
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	GRAB RENTAL
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220212/7006

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS7734C
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Harrier
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KADER MOHIDEEN DEER MOHAMED ALI
NRIC No .....	SXXXX326I
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LUAH CHOON SIN (LAI JUNXIN)
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, RIGHT SHOULDER AND RIGHT WRIST INJURIES (SLIGHT)
Injured person in which vehicle? .....	SMN3326M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No




# SKETCH PLAN

## IMPORTANT NOTICE

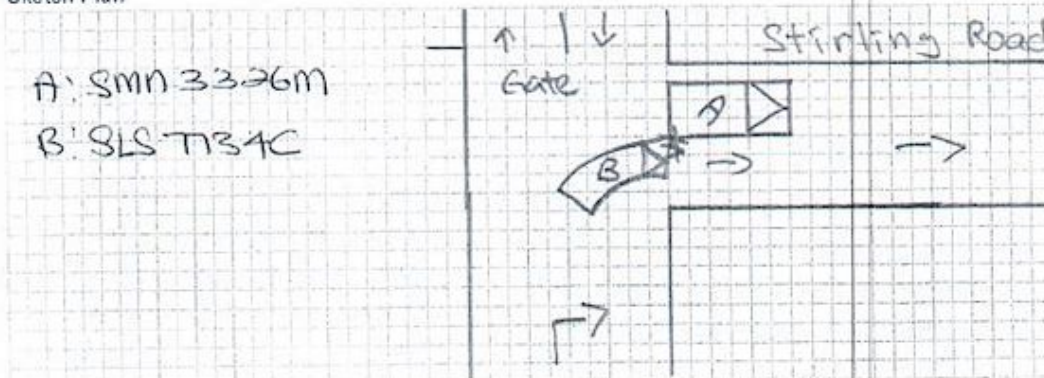
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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## Sketch Plan



Outside Queenstown Community Centre along Stirling road.

Describe Circumstances of the Accident

With Police Report No: T/20220212/7006

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature Date & Time

*[Signature]*

*[Signature]*

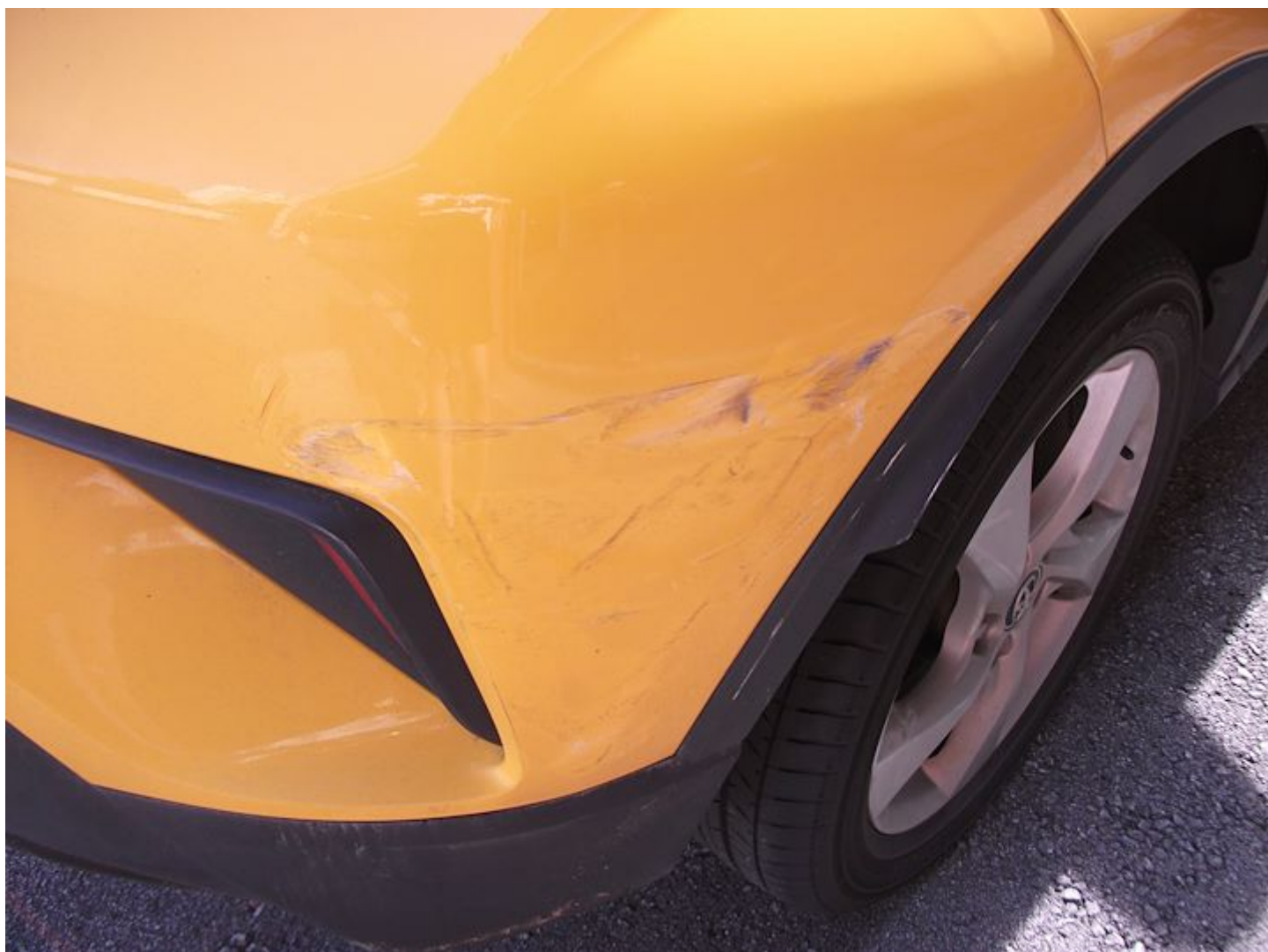
Driver's Signature (if driver is not the policyholder) / Date & Time

R 14/2/22

Witnessed by Reporting Centre Personnel



























**SINGAPORE  
POLICE FORCE**



T/20220212/7006

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220212/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2022 13:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LUAH CHOON SIN			Address: 659 CHOA CHU KANG CRESCENT #06-79 SINGAPORE 680659		
ID Type / ID No.: NRIC NO / S7101253J			Contact No.: Home/Office: Mobile: 94787404		
Nationality: SINGAPORE CITIZEN			Email: WILLIAMLUAH@HOTMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 03/01/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/02/2022 12:10	Type of Location: Bend
Location:  Outside queenstown community centre along stirring road				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLS7734C	Car	TOYOTA	Harrier	Black	Slightly Damaged	0
SMN3326M	Car	TOYOTA	C-HR	Yellow	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220212/7006

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220212/7006

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMN3326M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	LUAH CHOON SIN	ID No.	S7101253J
Related Vehicle	SMN3326M (Car)	Contact No.	94787404
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/02/2022	Date	11/02/2022
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the above mentioned date and time, I was parking outside Queenstown Community Centre along Stirling road towards Blk 41 about to alight Gojek female passenger, a black car suddenly hit on to rear right side of my car. To my surprise, the black car did not stop and drove off. After alighted the passenger, I managed to stop the black car at the main road before turning into HDB car park entrance QXQ48. The black car driver informed he was unaware of collision but admitted his mistake after showing the damages of our both cars on the spot. He accepted repair cost of my car by giving his contact number and identity particulars. I told him car leasing company will liaise with him as it is a rental car. My car suffered damages on the rear right.

On the same day, I was given 3 days medical leave for neck, right shoulder and right wrist injuries.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220212/7006

3 of 3

Report No. T/20220212/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

This report is lodged at Choa Chu Kang NPC Kiosk 1  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
12/02/2022 13:22

Classification Of Case:



